



## Switch Kit

(Complete these forms to make your moving process easier)

### Account Closing Report

Date: \_\_\_\_\_

To: (Current bank, credit union, etc.) \_\_\_\_\_

From: (Primary Account Holder) \_\_\_\_\_

(Secondary Account Holder) \_\_\_\_\_

Address: (Street) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ Zip \_\_\_\_\_

Please close the following accounts of mine at your institution:

Account # \_\_\_\_\_ Type of Account \_\_\_\_\_

Account # \_\_\_\_\_ Type of Account \_\_\_\_\_

Account # \_\_\_\_\_ Type of Account \_\_\_\_\_

Account # \_\_\_\_\_ Type of Account \_\_\_\_\_

Please send any funds remaining in these accounts to: \_\_\_ Address shown above

Or \_\_\_ The following address: (Street) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_

Primary Account Holder Signature: \_\_\_\_\_

Secondary Account Holder Signature: \_\_\_\_\_



## Automatic Payment Transfer Letter

(Date) \_\_\_\_\_

Dear (Name of Vendor) \_\_\_\_\_

I am writing to inform you of a change in my banking relationship concerning my account number (vendor account number) \_\_\_\_\_.

I currently have my (Name of Vendor) \_\_\_\_\_ payment automatically withdrawn from my checking/savings account # \_\_\_\_\_ at (name of bank) \_\_\_\_\_ On the (1<sup>st</sup>, 15<sup>th</sup>) \_\_\_\_\_ of the month. I would like to transfer these monthly transactions to my new bank, Clinton National Bank, and submit this letter as written notification of that intention.

I understand I need to give you at least two weeks notice prior to the next scheduled transaction. Therefore, I expect the last transaction from \_\_\_\_\_)bank) To be the one dated (date of last transaction) \_\_\_\_\_.

Thank you for your prompt attention to this request. I have enclosed an automatic payment authorization form that includes the information necessary for you to begin withdrawals from my Clinton National Bank account.

Sincerely,

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_



## Automatic Payment Cancellation Letter

Date: \_\_\_\_\_

I am writing to inform you of a change in my banking relationship concerning my account number \_\_\_\_\_.

I currently have my (name of vendor) \_\_\_\_\_ payment automatically withdrawn from my account # \_\_\_\_\_ from (bank) \_\_\_\_\_ on the (1<sup>st</sup>, 15<sup>th</sup>) \_\_\_\_\_ of the month. I would like to cancel these monthly transactions as written notification of that intention.

I understand I need to give you at least two week notice prior to the next scheduled transaction. Therefore, I expect the last transaction to be the one dated (date) \_\_\_\_\_.

Thank you for your prompt attention to this request.

Sincerely,

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_



## Automatic Payment Authorization

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bank Name: Clinton National Bank: Routing Number : 073900441

Bank Address: 235 Sixth Ave. S. Clinton, IA 52732

Bank Account #: \_\_\_\_\_ Account Type \_\_\_\_\_

Vendor Account Number : \_\_\_\_\_

I (we) authorize (vendor name) \_\_\_\_\_ and Clinton National Bank to initiate variable entries to my checking/ savings. This authorization will remain in effect until I notify you in writing to cancel it in such time as to afford \_\_\_\_\_ a reasonable opportunity to act. Also I agree that I remain obligated to pay for these services in the event that a charge to my account is dishonored, for whatever reason, and that \_\_\_\_\_ retains its normal collection rights.



## Direct Deposit Change Request

Date \_\_\_\_\_

To: \_\_\_\_\_

From: (Name) \_\_\_\_\_

(Address) \_\_\_\_\_

(City) \_\_\_\_\_

(State, Zip) \_\_\_\_\_

(Social Security Number) \_\_\_\_\_

Re: Change of direct deposit routing

Please discontinue sending my automatic direct deposit account # \_\_\_\_\_

with (former bank) \_\_\_\_\_.

Please begin sending the same deposit to:  
Clinton National Bank  
235 Sixth Ave. S. Clinton IA 52732

**Deposit Instructions:**

\_\_\_ Deposit entire amount to checking account # \_\_\_\_\_

\_\_\_ Deposit \$ \_\_\_\_\_ to savings account # \_\_\_\_\_

and the remainder to checking account # \_\_\_\_\_.

I authorize:

- Above listed entity to initiate deposit of my funds to my Clinton National Bank checking or savings account.
- Clinton National Bank to credit entries to my account(s)
- This authorization to remain in effect until I send written notice of change or cancellation.

Signature \_\_\_\_\_



## Automatic Transfer Authorization

As used in the authorization, "we" and "us" means the owners of the accounts identified below. "you" and "your" means the depository institution names below. We authorize and direct you to make the following transfer of funds.

Amount to be transferred: \$ \_\_\_\_\_ Frequency:  Weekly  Monthly

Effective Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

**From:**

Account # \_\_\_\_\_ Account Name: \_\_\_\_\_

Account Type:  Savings,  Checking,  Money Market

**To:**

Account # \_\_\_\_\_ Account Name: \_\_\_\_\_

Account Type:  Savings,  Checking,  Money Market

These accounts remain subject to their individual terms and conditions, which are not modified by this authorization. If a transfer is made from a savings account, you retain the right to require not less than 7 days written notice of withdrawal. If no termination date is specified above, this authorization will remain in effect until terminated by any one of us. You may terminate this authorization by giving us 15 days written notice at the address stated below. Notice to any one of us is notice to all of us.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

Name : \_\_\_\_\_ Name: \_\_\_\_\_

Account Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mail Signed Form to:  
Clinton National Bank  
235 Sixth Ave. S.  
Clinton, IA 52732

\_\_\_\_\_  
Bank Authorized Signature